



Georgia Department of Motor Vehicle Safety

1200 Tradeport Blvd Room 1129 Driver Education • Hapeville, Georgia 30354

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Affidavit – Fingerprint Cards

Must submit original – Copies not acceptable (Erasures, whiteouts or other corrections/changes VOIDS this document).

State of Georgia

County of _____

I do solemnly swear (or affirm) that the attached fingerprints are those of the **applicant** named herein:

Name of Applicant

Signature of Official Taking Fingerprints

Name of Above Official's Agency

Date of Fingerprinting

Note: Before sending in the fingerprint cards, be sure to fill in the following information:

- ☐ Residence
- ☐ Place of Birth
- ☐ Nationality
- ☐ Age
- ☐ Date of Birth
- ☐ Height
- ☐ Weight
- ☐ Race
- ☐ Color of Hair
- ☐ Color of Eyes
- ☐ Citizenship
- ☐ Social Security Number

The Fingerprint cards without the forgoing information will not be accepted.